cated by a beginning catatonia. The psychosis, the author thinks, might have been initiated (*ausgelöst*) by the pneumonia.

3. *Effect of Alcohol on the Motor Functions.*—This article was suggested and is in a way supplementary to the article in the first number of the *Beiträge* by Alber. In taking curves of the movements of the leg due to eliciting the patellar tendon reflex the author found that there was often a tendency for the leg to oscillate pendulum fashion before coming to rest. This tendency was increased by anything which distracted the mind (reading) and was also increased by alcohol. It does not occur to any extent in normal persons and the author concludes therefore that it is due to lack of inhibition. The article is illustrated by reproductions of the various kymographic tracings studied.

WM. A. WHITE (Binghamton, N. Y.).

MISCELLANY.

NEURALGIA OF THE BLADDER. G. Frank Lydston. (Jour. Amer. Med. Asso., Aug. 23, 1902).

Crystalgia has been classified as follows: (1) Crystalgia with lesions of the urinary apparatus, *i.e.*, urethra, bladder and kidneys. (2) Crystalgia with lesions of neighboring organs, such as the testicle, prostate, rectum and anus. (3) Crystalgia incidental to ataxia or general paralysis. (4) Crystalgia associated with diathetic conditions, as rheumatism, gout or malaria. (5) Essential crystalgia. Neurotical study is properly directed to the crystalgia associated with diseases of the cerebro-spinal axis. Vertical pains are common in the pre-ataxic period of locomotor ataxia. Crystalgia occurs in the hysterical or chloranemic patients. Neuralgia of the bladder is of variable intensity and radiates in different directions through the hypogastrium, groins, testes, thighs perineum, rectum or back. If definite lesion, such as calculus or other disease is absent, essential crystalgia is to be diagnosed corresponding to neuralgia of other organs. W. B. NOYES (New York).

AMNESIA. S. D. Hopkins (N. Y. Med. Jour., Aug. 30, 1902).

Amnesia is frequently seen in the various insanities, organic diseases and concussion of the brain, in epilepsy, in somnambulism, in the hypnotic state and following fright. Amnesia may be partial or complete. In the former case memory is only lost to certain objects or groups of objects, without involving other portions of memory; in the latter the memory may be completely lost for both present and past events, as is seen in organic diseases of the brain and spinal cord. A normal mind must not only be able to call up past recollections and to register impressions to which the present attention is called, but also be capable of correlating the present with the past. Inability to do this will produce a form of amnesia known as double consciousness. A case was reported by the author of amnesia from July 4 to September 21, 1900. The patient's last recollection was in a clubhouse near New York. He awoke in Denver, in workingman's clothes bought in Philadelphia and Chicago. His hands bore marks of hard labor.

W. B. NOYES (New York).

THE EDUCATION AND DEVELOPMENT OF NEUROTIC CHILDREN. Graeme M. Hammond (The New York Medical Journal, Aug. 30, 1902).

The occurrence of infantile convulsions, chorea, night terrors and kindred disorders during infancy will determine a neuropathic disposition, apart from disease of the parents.

Toward the fifth or sixth year or upwards, the neurasthenic and hysterical temperaments begin to manifest themselves. Exceptional mental ability without corresponding physical strength is sometimes the early and only manifestation of the neurotic temperament. Precocious and unusually clever children frequently fail to hold their own later on. With the advent of puberty, or even earlier, nervous disorders are most likely to show themselves. Sometimes fretful irritable temper is developed, and migraine or even epilepsy may appear. Masturbation or abnormal sexual conditions frequently begin at this time. The writer believes that the neurotic predisposition, like the tuberculous predisposition, may be entirely eradicated by a proper system of training. The diet of the neurasthenic child should be largely nitrogenous, but no overfeeding should be allowed. These children need to be taught self-restraint, control of the emotions and obedience with more firmness and insistance than is usually necessary with normal children. Mental application should be delayed until after the seventh or eighth year, and mental training generally not begun until the condition of physical health is firmly established. Wm. B. Noyes (New York).

Resection of the Cervical Sympathetic in Basedow's Disease. Belacescu (Archiv. f. klin. Chirurgie, Apr., 1902).

The author sets out to determine to what extent the cervical sympathetic plays a rôle in the production of Basedow's disease. Each of the principal and subsidiary symptoms may be shown to have some connection with an irritation of the cervical sympathetic. Exophthalmos, one of the most prominent symptoms, is believed by most authors to be dependent upon a stimulation of the cervical sympathetic, leading to an energetic contraction of the muscular cone, known as Müller's smooth muscle, at the posterior pole of the bulb. If this be true, section of the sympathetic would prevent the exophthalmos, which it does in all cases. The enlargement of the thyroid depends on an enormous dilatation of the vessels of the latter, which in turn is dependent on a stimulation of the vasodilator fibers of the neck and chest. The activity of the vasoconstrictor fibers is inhibited and the dilatation of the arteries causes hypertrophy of the gland. The theory of Jonnesco is that the struma of Basedow's disease is dependent on the increased activity of the thyroid elements and hypersecretion of the gland, which are dependent in turn on the permanent stimulation of the secretory fibers of the thyroid. Whichever of these theories is correct the resection of the cervical sympathetic causing section of the vasodilator, vasoconstrictor and secretory fibers, results in atrophy of the goiter. This in fact occurs in every case. Tachycardia is likewise to be attributed to irritation of the cervical sympathetic. The accessory symptoms seem to be dependent on changes in the circulation of the brain brought about by stimulation of the cervical sympathetic. These symptoms, consisting of tremor, sensations of heat, sweats, gastro-intestinal disturbances, and the nervous excitability so frequently seen in this disease, are, according to Jonnesco, dependent on a permanent cerebral anemia produced by a continuous stimulation of the vasoconstrictor fibers of the cervical sympathetic going to the brain. Extirpation of these fibers leads to cerebral congestion. The various operations on the cervical sympathetic for the relief of exophthalmic goiter are the following: (1) Simple division of the cervical sympathetic; (2) ablation of the cervical sympathetic by means of Jaboulay's operation, which, without a large incision, is devised to stretch and twist the nerve by means of artery forceps attached to its upper and lower ends; (3) simple stretching of the cervical sympathetic; (4) partial resection of the latter; (5) partial and extensive resection; and (6) total resection. Considering the results of the large number of operative procedures for the cure of primary Basedow's disease, the author concludes that total and bilateral resection of the cervical